जीवन-रक्षा और सुरक्षित मातृत्व कार्यक्रम नीचे दिए गए जिलों की अवस्था के अनुसार चरणवार ढंग से मध्य प्रदेश समेत देश के सभी जिलों में कार्यान्वित किया जा रहा है।

वर्ष	शिशु जीवन-रक्षा		सुरक्षित मातृत्व	
	भारत	मध्य प्रदेश	भारत	मध्य प्रदेश
1992-93	51	6	21	4
1993-94	103	10	32	5
1994-95	101	12	51	9
1995-96	98	9	48	13
1996-97	118	8	67	13
योगः	466	45	219	45

(ख) वर्ष 1991-92 से 1993-94 तक के टीकाकरण कवरेज स्तर (प्रतिशतता में) इस प्रकार हैः—

प्रतिजन	1991-92		1992-93		1993-94	
	भारत	मध्य प्रदेश	भारत	मध्य प्रदेश	भारत	मध्यप्रदेश
क॰ शिशु						
डी॰ पी॰ टी॰	90.84	79.04	90.28	79.60	92.84	88.55
ओ॰ पी॰ टी॰	91.22	79.45	90.88	79.73	93.22	88.61
बी॰सी॰जी॰	92.93	77.56	96.47	84.33	96.68	92.64
खसरा	85.07	78.41	85.75	81.77	88.29	88.81
ख॰ गर्भवती महिलाएं						
टी॰ टी॰	77.51	73.74	79.40	67.06	82.12	78.53

(ग) 8वीं योजनावधि के लिए नियत किए गए लक्ष्यों में शिशु और गर्भवती महिलाओं को व्यापक टीकाकरण और स्वास्थ्य सेवाएं सुलभ कराने की व्यवस्था करना है।

Proposal to Ban Amniocentesis

2904. DR. MURLI MANOHAR JOSHI:
SHRI TRILOKI NATH CHATURVEDI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of indiscriminate amniocentesis by private nursing homes and practitioners in the country, if so, what is the estimated number of female foetuses being destroyed each year and what steps, including penal steps have been taken and proposed to be taken to stop the degrading practice;

(b) the names of states which have already enacted legislation against amniocentesis; and

(c) whether Government will bring in Central legislation to ban this practice?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) to (c) Yes, Sir. A bill titles Prenatal Diagnostic Techniq (Regulation and Prevention of Misuse Bill 1994) has recently

been passed by both Houses of Parliament.

Health Facilities in Rural Areas of Gujarat

2905. SHRI KANAKSINH MOHANSINH MAGROLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the health of common man in rural areas of Gujarat State is not deteriorations much more in comparison to other States;

(b) what percentage of rural population is not actually getting the benefits of the Public Health Centres;

(c) what percentage of the budget of public Health Centres is spent on medicines for the patients; and

(d) what are the details of State-wise budget and whether Government of India proposes of start some special ambitious schemes for health care on priority basis for Gujarat, if so, by when, and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HELTH AND FAMILY WELFARE (DR. C. SILEVERA): (a) No, Sir.

(b) A substantially large percentage of rural population is benefitted by the Primary Health Centres.

(c) As per the information received from the State Govt., about 15.8% of the budget of Primary Health Centres is spent on medicines.

(d) The State-wise allocation for the year 1994-95 under the minimum Needs Programmes which includes provision for Primary Health Centres is given in the enclosed Statement. (*See* below) There is no proposal to start a new scheme for health care in Gujarat only.

Statement

Allocation Under Minimum Needs Programme for health

(Rs. in lakhs)

(1994-95)

Sl.No. State/UT	Approved Outlay
1. Andhra Pradesh	800.00
2. Arunachal Pradesh	346.05
3. Assam	1890.00
4. Bihar	2700.00
5. Goa	232.00
6. Gujarat	1718.00
7. Haryana	900.00
8. Himachal Pradesh	1257.00
9. J & K	1662.00
10. Karnataka	3438.00
11. Kerala	506.00
12. Madhya Pradesh	3350.00
13. Maharashtra	3566.00
14. Manipur	225.00
15. Meghalaya	500.00
16. Mizoram	328.00
17. Nagaland	175.00
18. Orissa	1489.47
19. Punjab	1000.00
20. Rajasthan	2950.00
21. Sikkim	250.00
22. Tamil Nadu	2679.00
23. Tripura	450.00
24. Uttar Pradesh	4295.00
25. West Bengal	1107.00
26. A&N Islands	372.00
27. Chandigarh	90.00
28. D&N Haveli	38.00
29. Daman & Diu	45.00
30. Delhi	—
31. Lakshadweep	48.32
32. Pondicherry	211.00
Total States & UTs	38617.84

Propagation of an Ayurvedic Medicine to cure AIDS

2906. SHRI S.S. AHLUWALIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state: